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Monitoring SRS implementation

Lessons from the CRVS monitoring approach

Daniel Cobos

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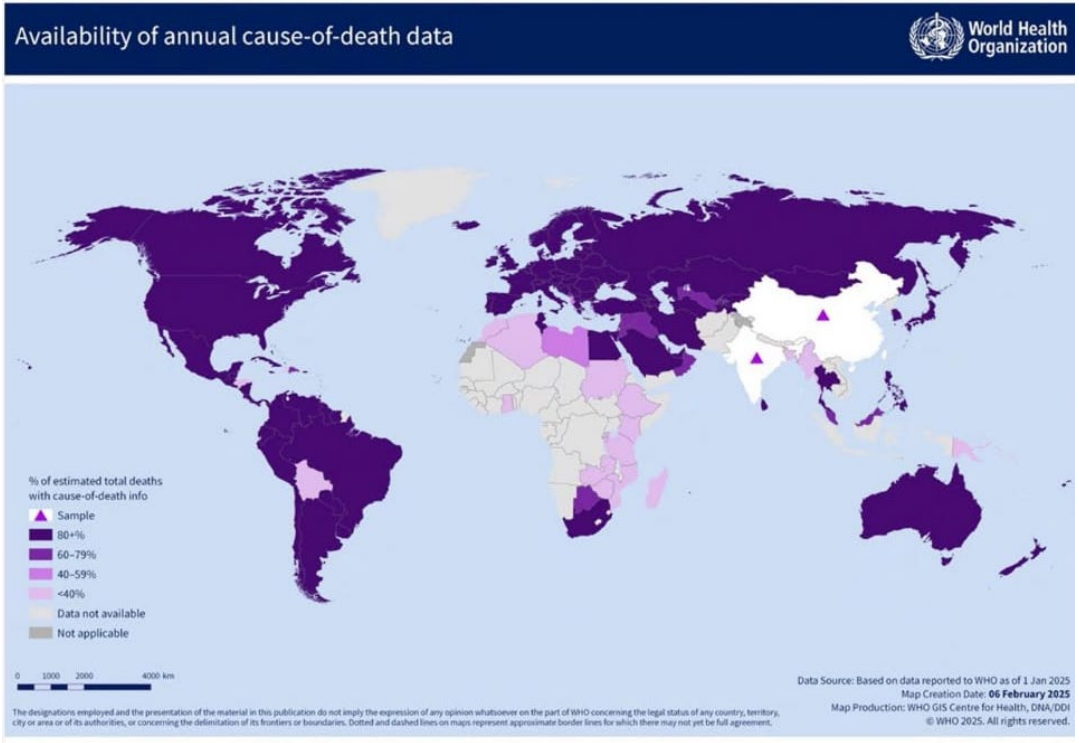
Lessons from CRVS monitoring

One step further

CRVS monitoring & data quality

The challenge

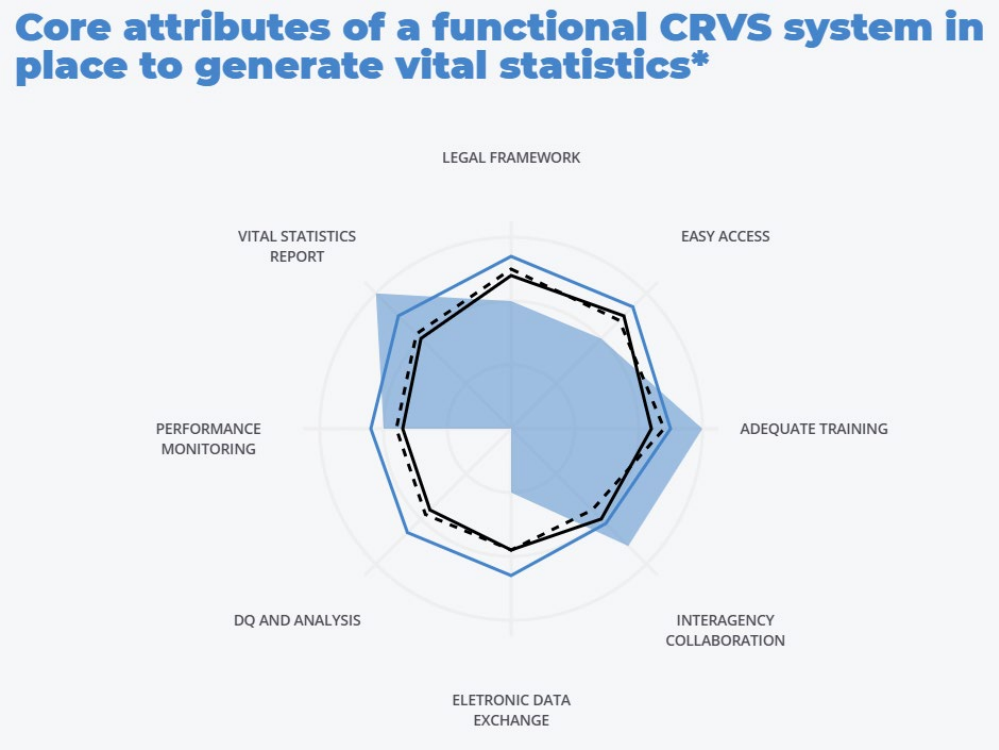
- Governments and CRVS stakeholders do no use routinely metrics to monitor the performance of their CRVS system
- Some of the metrics, altough informative, are not actionable



CRVS monitoring & data quality

The challenge

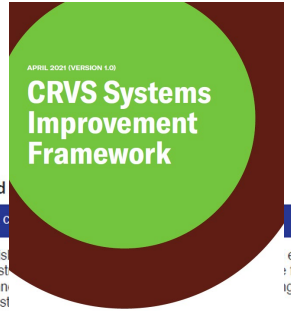
- Some metrics are not linked to decisions or may not be relevant for the administrative level or sector



CRVS monitoring & data quality

The opportunities

- It is not the first time



SCORE for Health Data Technical Package

Table 3.1 Inputs, processes and

Aspect	Components	Areas c
Inputs	A	■ Legis regist techn statist
ses	B–D	■ Proce certifi ■ Forms ■ Proce
s	E	■ Type and quality of statistics produced, and methods for disseminating, accessing and using those statistics

existence and operation of civil financial, human and g of civil registration and vital

mation such as registration and

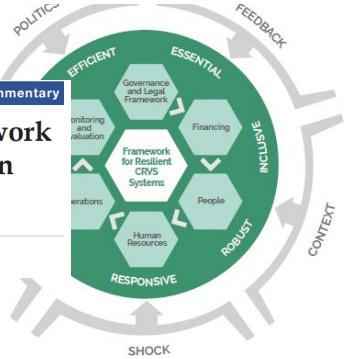
btaining and compiling information data

Commentary

BMJ Global Health

The 'Ten CRVS Milestones' framework for understanding Civil Registration and Vital Statistics systems

Daniel Cobos Muñoz,[1,2] Carla Abouzahr,[3] Don de Savigny[1,2,4]



Bloomberg Philanthropies

CRVS monitoring & data quality

The challenge

- Collecting data to feed the indicators requires (substantial) resources that most times are not routinely

Collection method	NPV 2021	Cost per indicator
National Population Census	164,164,441	308,961
CRVS	20,359,482	5,679
Multiple Indicator Cluster Survey	1,748,940	7,772
Malaria Indicator Survey	7,030,281	165,657
Demographic and Health Survey	6,670,919	24,709
Living Standards Survey	8,631,758	120,710
Maternal Health Survey (GMHS)	4,655,430	8,7144

Cumulative and unit cost 2021-2030. Cobos et at 2021

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CRVS monitoring approach

Lessons learned & tools

Acknowledgements

First things first

- The dedicated country teams in Bolivia, Viet Nam, and Zambia
- University of New South Wales (UNSW)
- Africa CDC
- Vital Strategies
- Bloomberg Philanthropies
- CDC foundation
- World Health Organization
- ESCAP and other regional and global experts for their valuable inputs and collaboration.

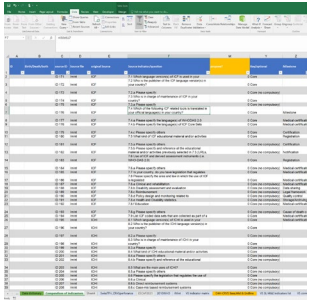
CRVS Monitoring & data quality

Different lens

1. User oriented “decision first” approach
2. Interested in operational AND strategic
3. Systems thinking lens
4. Participatory in nature
5. Building on existing frameworks and efforts
6. No new data sources to be created

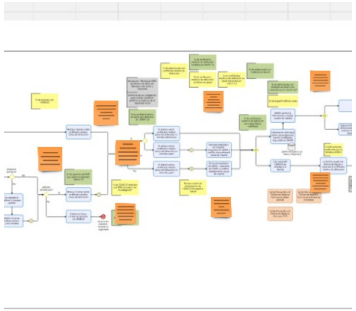
CRVS Monitoring & data quality

Key methodologies used

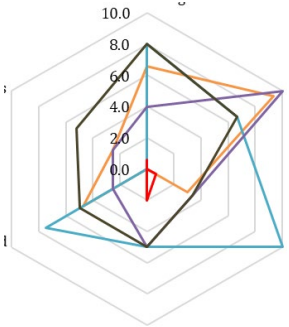


Document review

Participatory workshops



Process analysis



Decision space

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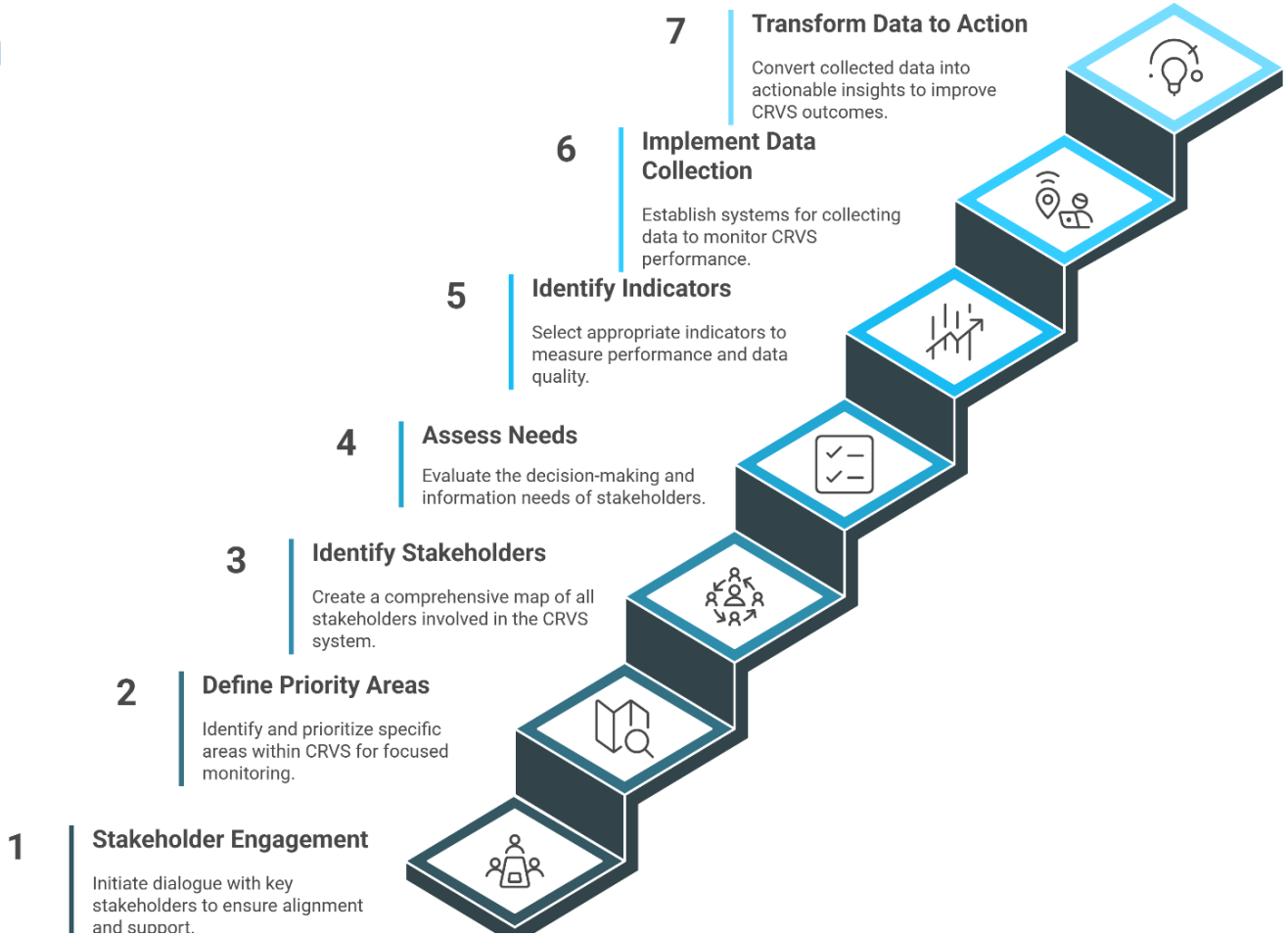
Approach

7 steps



7 **Transform Data to Action**

Convert collected data into actionable insights to improve CRVS outcomes.

6 **Implement Data Collection**

Establish systems for collecting data to monitor CRVS performance.

5 **Identify Indicators**

Select appropriate indicators to measure performance and data quality.

4 **Assess Needs**

Evaluate the decision-making and information needs of stakeholders.

3 **Identify Stakeholders**

Create a comprehensive map of all stakeholders involved in the CRVS system.

2 **Define Priority Areas**

Identify and prioritize specific areas within CRVS for focused monitoring.

1 **Stakeholder Engagement**

Initiate dialogue with key stakeholders to ensure alignment and support.

The 7 steps

Stakeholder engagement

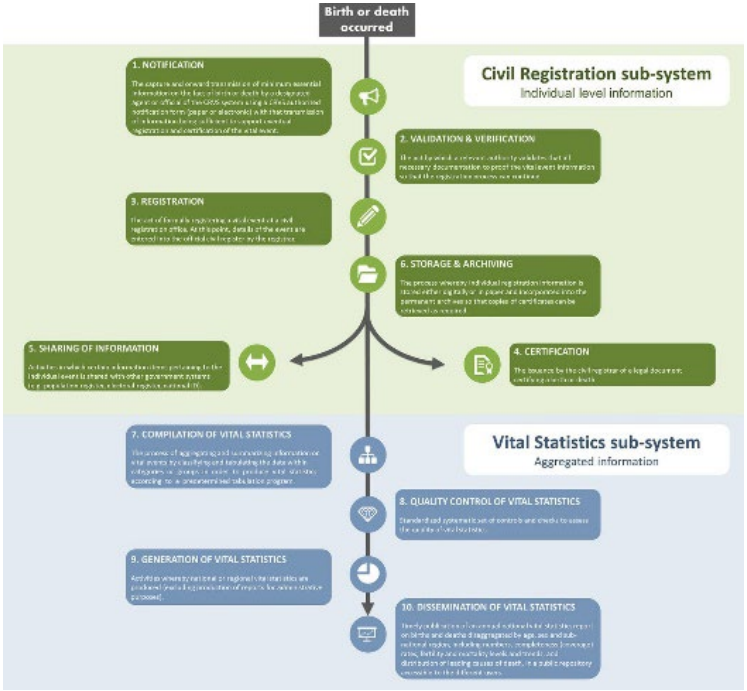
Technical working group

Shared understanding of the stakeholders' roles and engagement strategy

Define priority areas

Priority area for the monitoring effort

Defined scope

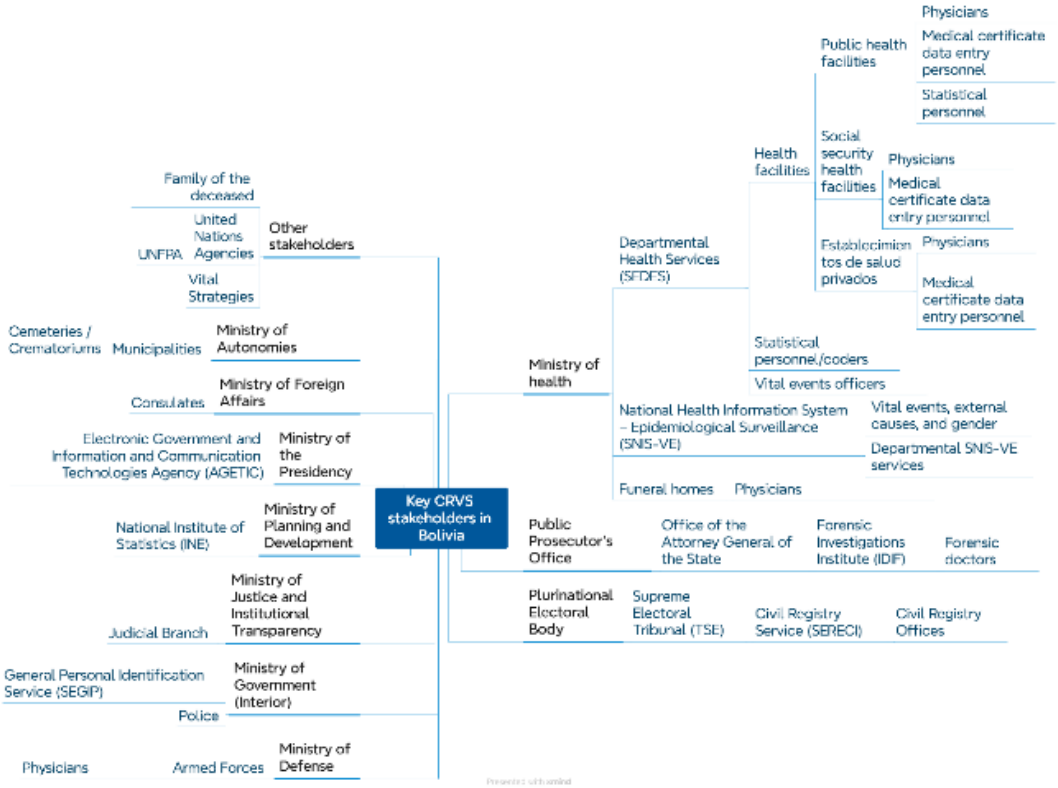


The 7 steps

Identify Stakeholders

A validated stakeholder list outlining producers, users, and beneficiaries related to the CRVS priority area

Clear documentation of stakeholder's roles



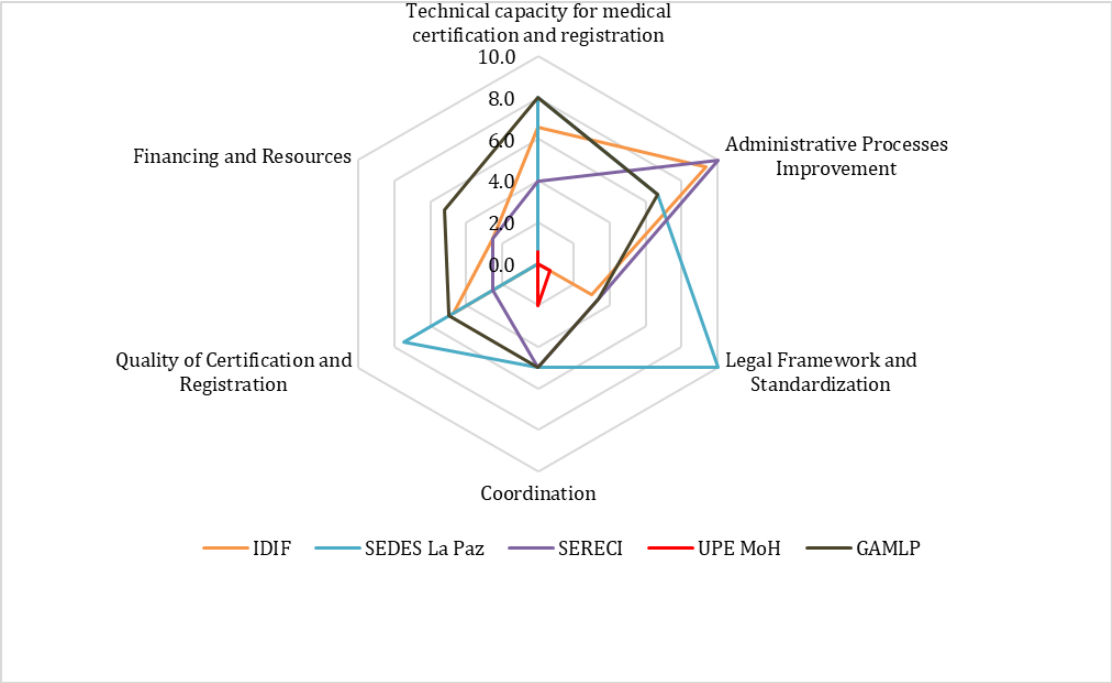
The 7 steps

Assess needs

Decision-making needs and data use patterns

Strategic and operational decisions

Decision space diagram for stakeholders



The 7 steps

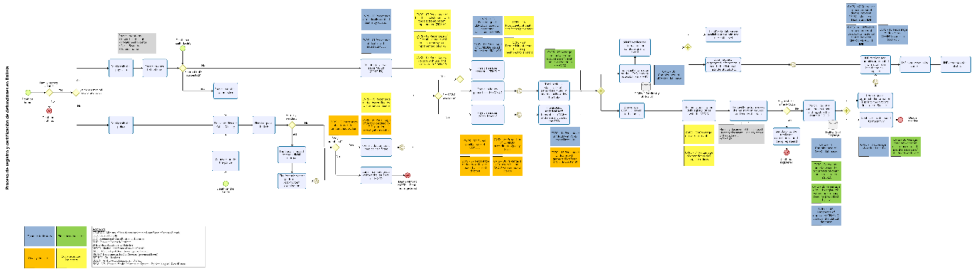
Identify indicators

A curated and standardised set of performance and data quality indicators

Linkage between indicators and specific stages or functions

A shared understanding

ID	Indicador	Institution data source	CRVS milestone	Performance domain	Desagregation level
CVRS - 01	Percentage of deaths with issued CEMEUD	MoH (SIAHV2)	Medical certification	Quantity	Sex, age group, department, issuing institution of the CEMEUD
CVRS - 02B	Percentage of CEMEUDs issued on paper and transcribed in SIAHV2.0	MoH (SIAHV2)	Medical certification	Quantity	Sex, age group, department, issuing institution of the CEMEUD
CVRS - 03	Percentage of CEMEUDs issued online from SIAHV2.0	MoH (SIAHV2)	Medical certification	Quantity	Sex, age group, department, issuing institution of the CEMEUD
CVRS - 05	Completeness of SIAHV2.0 databases	MoH (SIAHV2) - INE	Medical certification	Quantity	Sex, age group, department
CVRS - 07	Percentage of health establishments with the electronic system implemented, by year	MoH (SIAHV2)	Medical certification	Cost/resources	Department, subsector
CVRS - 08	Percentage of IDIF establishments with the electronic system implemented	IDIF	Medical certification	Cost/resources	Department
CVRS - 09	Percentage of doctors with user and password in SIAHV2.0	SIAHV2- SIREPRO	Medical certification	Cost/resources	Departament, Institution, Subsector
CVRS - 10	Coverage of certified deaths by year of occurrence	SERECI - INE	Certification	Quantity	Sex, age group, department
CVRS - 11	Completeness of SERECI databases (= coverage of deaths registered in the SERECI database)	SERECI - INE	Registration	Quantity	Sex, age group, department
CVRS - 13	Percentage of medically certified deaths by location (health establishment, home, public space, other)	MoH (SIAHV2)	Notification	Quantity	Department, subsector
CVRS - 14	Percentage of medical certificates with cause of death coded in ICD	MoH (SIAHV2)	Cause of death coding	Quantity	Sex, age group, department,subsector
CVRS - 15	Percentage of deaths with incorrect/misdefined ICD codes as the underlying cause of death	MoH (SIAHV2)	Cause of death coding	Quality	Sex, age group, department,subsector
CVRS - 18	Percentage of duplicated CEMEUD codes in SIAHV2.0	MoH (SIAHV2)	Quality control	Quantity	Sex, age group, department,subsector
CVRS - 18A	Percentage of duplicated CEMEUD codes in the SERECI database	SERECI	Quality control	Quantity	Sex, age group, department,subsector
CVRS - 19	Percentage of deaths certified by IDIF as natural deaths	IDIF	Medical certification	Cost/resources	Sex, age group, department
CVRS - 20	Percentage of deaths certified by IDIF as "under investigation" deaths	IDIF	Medical certification	Quality	Sex, age group, department

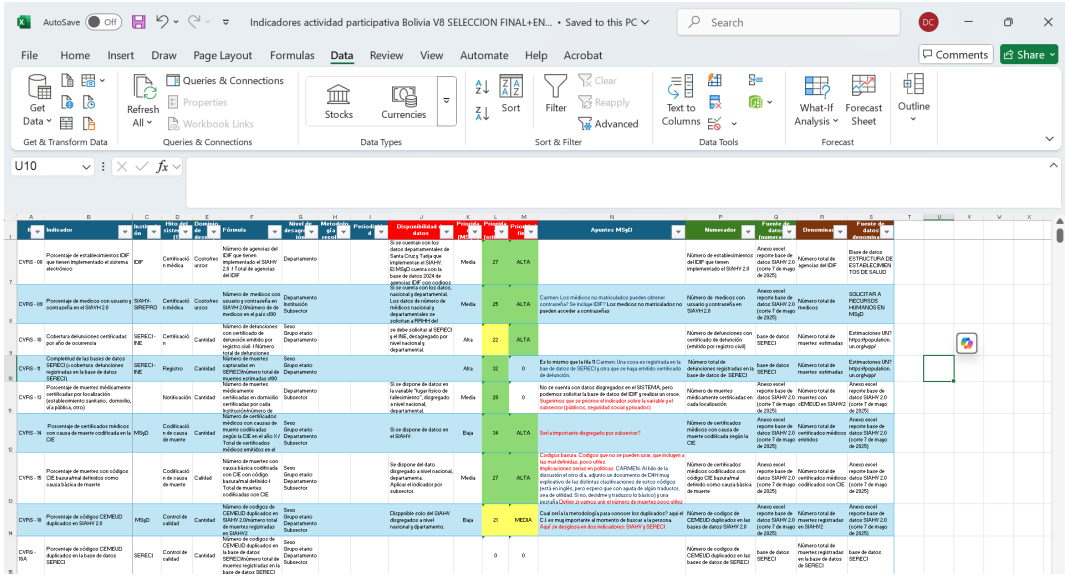


The 7 steps

Data collection

A context-specific data collection plan for CRVS monitoring with clear institutional roles.

Initial data sets available for performance review



The 7 steps

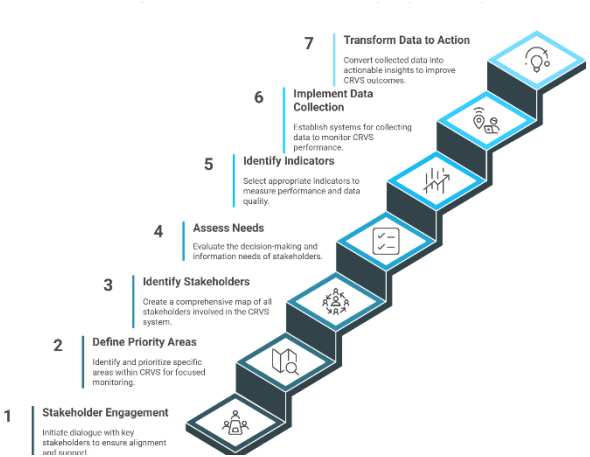
Transforming data into action

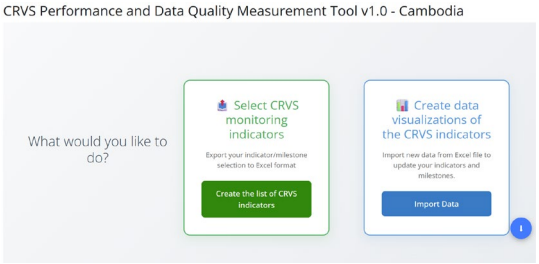
To promote the effective use of CRVS data for decision-making, system evaluation, and continuous improvement, strengthening the CRVS systems and interconnected agencies (e.g. health, law) through evidence-based action

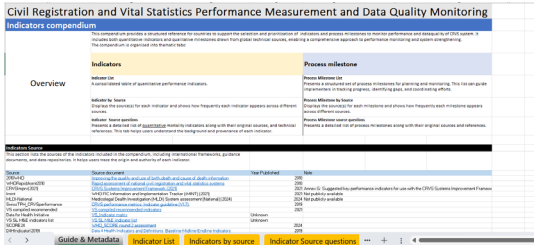
?

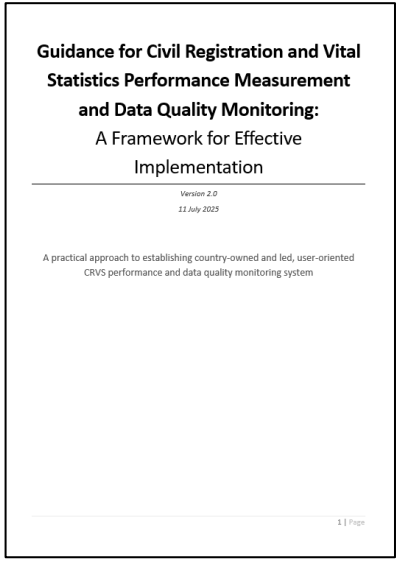
Final points

Products for countries to use









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M&E for SRS systems

SRS monitoring

What questions are we trying to answer with the M&E system?

Strategic questions

- Do routine outputs (mortality rates, COD fractions) meet **precision and timeliness** targets at required statistical domains?
- Are **decision-relevant products** (dashboards, bulletins) reaching national/subnational users, and are there documented **management actions** that follow?
- Do internal consistency checks and **triangulation** with external sources indicate acceptable **data quality** (completeness, plausibility, stability)?
- Are **governance, ownership and financing** arrangements adequate for continuity (custodianship, data release, domestic budget lines, TA roles)?

SRS monitoring

What questions are we trying to answer with the M&E system?

Operational questions

- Are all expected deaths in sampled clusters being detected, assigned, and followed up within the planned time windows?
- Is the field-to-server pipeline (device → server → analysis portal) functioning with acceptable latency and error rates?
- Are supervision and quality-assurance protocols (spot checks, re-visits, recapture) being executed as designed and documented?
- Do we have the operational capacity (HR, equipment, connectivity) to keep pace with the planned workload and address backlogs?

SRS monitoring

What are we monitoring?

SRS project progress

Purpose: Track whether the SRS project is delivering the planned activities, on time and within budget

Type of indicator: Milestone (e.g. sampling frame finalized), budget execution, interoperability arrangements (e.g. MoU signed), workforce capability (e.g. % staff recruited/trained)

Time span: limited to the project life

Routine SRS operations

Purpose: Ensure the system produces timely, complete and high-quality data the it is used to inform policy

Type of indicator: Completeness of data collection (e.g. % of vital events captured), data quality (e.g. VAs with undetermined COD), timeliness, integration & use (# of access to dashboard)

Time span: Permanent

SRS monitoring

Who is monitoring?

- Need to create the **governance mechanisms** to anchor the monitoring system (e.g. SRS Steering Committee)
- Clear **RACI matrix by product** – e.g. define who is Accountable/Responsible for monthly dashboards, quarterly DQAs, annual results reports
- Establish **learning loops** in which e.g. operational findings inform program resourcing
- Standard **cadence and scalation** of actions based on results

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Thank you for your attention

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